



Washington Health Professional Services
PO Box 47872
Olympia, WA 98504-7872

WORK SITE MONITOR REPORT FORM

| | |
|----------------|-------------------------|
| Evaluation of: | For Period From: To: |
|----------------|-------------------------|

The Washington Health Professional Services Program requests that the following performance evaluation form be completed by the person directly supervising the licensee and that the form be sent directly to this address.

I have reviewed his/her contract and understand it _____ (initials).

How frequently do you have direct interaction with the licensee in the work setting? _____

I. Employment Setting

Name of Agency: _____

Mailing Address: _____ Telephone: _____

Type of Agency (i.e. acute care, home care, temp. agency): _____

II. Job Specifications

Current position title: _____

Length of time in current position: _____

Licensees level of responsibility: ☐ Staff Nurse ☐ Charge Nurse ☐ Supervisor ☐ Other

Clinical Service (Medical, Pediatrics, etc.) _____ Hours of duty _____

Does the licensee have responsibility for administering controlled substances? ☐ Yes ☐ No

III. Performance in Nursing Practice (Please comment briefly).

ACCOMPLISHMENT OF JOB REQUIREMENTS

| ELEMENTS | COMMENTS | OVERALL RATING (Check Only One) |
|---|----------|--|
| • Quality of work. | | <input type="checkbox"/> Far Exceeds Normal Requirements |
| • Completion of work on time. | | <input type="checkbox"/> Exceeds Normal Requirements |
| • Quality of work completed. | | <input type="checkbox"/> Meets Normal Requirements |
| • Initiative in accepting responsibility. | | <input type="checkbox"/> Meets Minimum Requirements |
| • Ability to handle stressful situations. | | <input type="checkbox"/> Fails to Meet Minimum Requirements |

| JOB KNOWLEDGE AND COMPETENCE | | |
|---|----------|---|
| ELEMENTS | COMMENTS | OVERALL RATING (Check Only One) |
| <ul style="list-style-type: none">Knowledge of work unit, purpose, goals and duties.Command of skills needed for position.Commitment to improving services.Adaptability to new developments in the job.Ability to administer drugs according to facility procedures. | | <div><input type="checkbox"/> Far Exceeds Normal Requirements</div> <div><input type="checkbox"/> Exceeds Normal Requirements</div> <div><input type="checkbox"/> Meets Normal Requirements</div> <div><input type="checkbox"/> Meets Minimum Requirements</div> <div><input type="checkbox"/> Fails to Meet Minimum Requirements</div> |
| JOB RELIABILITY | | |
| ELEMENTS | COMMENTS | OVERALL RATING (Check Only One) |
| <ul style="list-style-type: none">Dependability and reliability regarding work instructions.Pursuit of efficiency and economy in the use of facility resources.Degree of need for supervision.Adherence to policies and procedures.Efficiency in the use of work time.Attendance | | <div><input type="checkbox"/> Far Exceeds Normal Requirements</div> <div><input type="checkbox"/> Exceeds Normal Requirements</div> <div><input type="checkbox"/> Meets Normal Requirements</div> <div><input type="checkbox"/> Meets Minimum Requirements</div> <div><input type="checkbox"/> Fails to Meet Minimum Requirements</div> |
| PERSONAL RELATIONS | | |
| ELEMENTS | COMMENTS | OVERALL RATING (Check Only One) |
| <ul style="list-style-type: none">Ability to get along with others in the work unit.Contributes to the promotion of morale.Accepts appropriate direction from superiors.Contributes to the productivity of the work unit. | | <div><input type="checkbox"/> Far Exceeds Normal Requirements</div> <div><input type="checkbox"/> Exceeds Normal Requirements</div> <div><input type="checkbox"/> Meets Normal Requirements</div> <div><input type="checkbox"/> Meets Minimum Requirements</div> <div><input type="checkbox"/> Fails to Meet Minimum Requirements</div> |
| COMMUNICATION SKILLS | | |
| ELEMENTS | COMMENTS | OVERALL RATING (Check Only One) |
| <ul style="list-style-type: none">Comprehension of oral and written directions.Ability to communicate orally and in writing.Ability to listen and absorb new forms of information.Knowledge and use of correct means and channels for the communication of notices, complaints, etc. | | <div><input type="checkbox"/> Far Exceeds Normal Requirements</div> <div><input type="checkbox"/> Exceeds Normal Requirements</div> <div><input type="checkbox"/> Meets Normal Requirements</div> <div><input type="checkbox"/> Meets Minimum Requirements</div> <div><input type="checkbox"/> Fails to Meet Minimum Requirements</div> |
| IV. OTHER COMMENTS | | |
| | | |
| V. SIGNATURE OF EVALUATOR | | DATE |
| PRINT NAME | TITLE | |